TRAVEL EXPENSE CLAIM

See Instructions and *Privacy Statement on separate docushare document

| document | | | | | | | | | | | | Page _1 | of _1 | Pages | |
|--|---|---|------------------|-----------------------------|-----------------|------------------------------|--|--------------------|--------------|-------------------------------------|----------------|------------|---------------------|-------------------------------|--|
| CLAIMANT'S NAME | | | | | | | | | | | | DEPARTMENT | | | |
| William Douglas Hoffner | | | | | | | Labor & Workforce Development Ag | | | | | | | | |
| POSITION | | | | | BARGAINING UNIT | | | DIVISION OR BUREAU | | | | | | or 4-DIGIT MAIL SERVICES CODE | |
| RESIDENCE ADDRESS | | | | | | | Office of the Secretary | | | | | | E 25 | | |
| | | | | | | | HEADQUARTERS ADDRESS | | | | | • | TELEPHONE NU | IMBER | |
| CITY STATE ZIP CODE **** **CA*** (1) MONTH/YEAR (3) (4) (5) MEALS | | | | | | | 801 K Street, Suite 2101 | | | | | | 916-327-9064 | | |
| CITY STATE ZIP CODE | | | | | | | | | | | STATE | | L | ZIP CODE | |
| XX. | XXXXX | | | | | XXXX | Sacra | mento | | | CA | | | 95814 | |
| (1) MONTH/YEAR (3) | | (3) | (4) | (5) | MEALS | | (6) | (7) | (D) | | SPORTATION | | (8) | (9) | |
| 04/10 | | LOCATION | | | | | | (A) | (B) | (C) | | (D) | | | |
| (2) Date | Time | WHERE EXPENSES WERE INCURRED | LODGING | BREAKFAST | LUNCH | O.T.,L/T, RELO. or DINNER | INCIDEN- TALS | COST OF TRANS | TYPE USED | CARFARE, TOLLS, PARKING | PRIVA Miles | Amount | BUSINESS EXPENSE | TOTAL EXPENSES FOR DAY | |
| 14 | 0555 | Sac-San Diego | 123.95 | 6.00 | 10.00 | 18.00 | | | PC | | 11 | \$5.510 | | 163.460 | |
| 15 | 1615 | San Diego-Sac | | 6.00 | 10.00 | | 6.00 | | PC | 18.00 | 11 | \$5.510 | | 45.510 | |
| 19 | 0546 1854 | Sac-LA-Sac | | 6.00 | | | | | PC | 9.00 | 22 | \$11.020 | - | 26.020 | |
| | | | | | | | | | | | | | | | |
| | SouthWest flights per State contract/SWABIZ | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | - | | | | |
| / | | | | | | | | | E16 | | | | | | |
| | | | | | | | | | | | | | - 10.000 mm - 1.000 | | |
| | | | | | | | | | | | | | | | |
| - | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| (10) | SUBT | OTALS | 123.95 | 18.00 | 20.00 | 18.00 | 6.00 | | | 27.00 | 44.1 | \$22.040 | | \$234.99 | |
| COLU | MN CO | DE (ACCTG: USE ONLY) | | | | | | | | | | | | | |
| | | / TOTAL | | | | | | | | | | | | \$234.99 | |
| (11) PURPOSE OF TRIP: (11A) Sumr | | | | | | mary | | | | (12) NO | RMAL WORK | HOURS | L | | |
| REMARKS AND DETAILS (Attach receipts/vouchers when required) | | | | Description/ Cost Center | Exp. Code | Debit Amount | Project | | | | | | | | |
| 4/14-15 BioFuel Companies meetings | | | | | | Guite | | 0.30 | Olly | (13) PRIVATE VEHICLE LICENSE | | | | | |
| 4/19 A | 4/19 Appeals Process EDD & CUIAB Offices | | | | | | | | | | // | EAGE RATE | CXXX | | |
| | | | | | | | | | | | (14) MIL | \$0.500 | CLAIMED | | |
| | | | | | | | | | | | | | COUNTING OF | FICE | |
| | | | | | | | | | | | USE ONLY | | | | |
| | | | | | | | Document Reference Prepared By | | | PAID BY REVOLVING FUND CHECK NUMBER | | | | | |
| Ca gr | ilifornia. It eater than | ERTIFY That the above is a true state a privately cwned vehicle was used, the rate claimed, and that I have met | and if mileage r | ates exceed th | e minimum ra | ite, I certify that | the cost of | operating the veh | icle was | equal to or | | | | | |
| safety-and seat belt usage:/ *! CLAIM WATE CLOSUS THE SEAT OF THE | | | | | | | (16) SIGNATURE OF OFFICER APPROVING TRAVEL AND | | | | ND PAYMEN | т | | DATE | |
| > XXXXX | | | | 4/30/10 | | | EXXXX | | | | | | 25 | 4-30-10 | |
| (17) SIGI | NATÚRE.A | ND TITLE OF AUTHORITY FOR SPE | ECIAL EXPENS | ES (See Item | 17/6n reverse |) | | | V | | | | | DATE | |
| | 1/ | | | | | | | | | | | | | | |